

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
AMBULATORY SURGERY DATA RECORD
MANUAL ABSTRACT REPORTING FORM**

Page 1 of 3

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements
(Title 22, Sections 97251 through 97265)

A. FACILITY ID NUMBER <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>	B. ABSTRACT RECORD NUMBER (Optional) <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div>	
1. DATE OF BIRTH <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MonthDayYear (4-digit) </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> MMDDCCYY </div>	2. SEX F Female M Male U Unknown <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	3. RACE R1 American Indian or Alaska Native R2 Asian R3 Black or African American R4 Native Hawaiian or Other Pacific Islander R5 White R9 Other Race 99 Unknown <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
5. ZIP CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <p style="font-size: x-small; margin-top: 5px;">99999 = Unknown</p>	6. PATIENT'S SOCIAL SECURITY NUMBER <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <p style="font-size: x-small; margin-top: 5px;">Report 000000001(Unknown) if not recorded in the patient's medical record</p>	
7. SERVICE DATE <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> MonthDayYear (4-digit) </div> <div style="display: flex; justify-content: space-around; font-size: x-small;"> MMDDCCYY </div>		
8. PRINCIPAL DIAGNOSIS ICD-9-CM CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	10. PRINCIPAL E-CODE ICD-9-CM CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	12. PRINCIPAL PROCEDURE CPT-4 CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
9. OTHER DIAGNOSES ICD-9-CM CODE a. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> b. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> c. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> d. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> e. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> f. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> g. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> h. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> i. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> j. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	11. OTHER E-CODES ICD-9-CM CODE a. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> b. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> c. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> d. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	13. OTHER PROCEDURES CPT-4 CODE a. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> b. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> c. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> d. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> e. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> f. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> g. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> h. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> i. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> j. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

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AMBULATORY SURGERY DATA RECORD
MANUAL ABSTRACT REPORTING FORM
For use with encounter visits on or after October 1, 2004

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A. FACILITY ID NUMBER

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B. ABSTRACT RECORD NUMBER (Optional)

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1. DATE OF BIRTH (MMDDCCYY)

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7. SERVICE DATE (MMDDCCYY)

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15. EXPECTED SOURCE OF PAYMENT

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- 09 Self Pay
- 11 Other Non-federal programs
- 12 Preferred Provider Organization (PPO)
- 13 Point of Service (POS)
- 14 Exclusive Provider Organization (EPO)
- 16 Health Maintenance Organization (HMO) Medicare Risk
- AM Automobile Medical
- BL Blue Cross/Blue Shield
- CH CHAMPUS (TRICARE)
- CI Commercial Insurance Company
- DS Disability
- HM Health Maintenance Organization
- MA Medicare Part A
- MB Medicare Part B
- MC Medicaid (Medi-Cal)
- OF Other federal program
- TV Title V
- VA Veterans Affairs Plan
- WC Workers' Compensation Health Claim
- 00 Other

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7. SERVICE DATE (MMDDCCYY)

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9. OTHER DIAGNOSES

ICD-9-CM CODE

k.					
l.					
m.					
n.					
o.					
p.					
q.					
r.					
s.					
t.					
u.					
v.					
w.					
x.					

14. DISPOSITION OF PATIENT

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- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to a short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to a non-Medicare PPS children's hospital or non-Medicare PPS cancer hospital for inpatient care
- 06 Discharged/transferred to home under care of organized home health service organization
- 07 Left against medical advice or discontinued care
- 08 Discharged/transferred to home under care of a Home Intravenous (IV) provider
- 20 Expired
- 43 Discharged/transferred to a federal health care facility
- 50 Discharged home with hospice care
- 51 Discharged to a medical facility with hospice care
- 61 Discharged/transferred to a hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital
- 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 00 Other

13. OTHER PROCEDURES

CPT-4 CODE

k.					
l.					
m.					
n.					
o.					
p.					
q.					
r.					
s.					
t.					